

**Washington Utilities and Transportation Commission (WUTC)
Regulatory Services - Transportation Operations
1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 753-3111 Fax (360) 586-1172**



PRIVATE NON-PROFIT TRANSPORTATION PROVIDERS

PART A

APPLICATION FOR CERTIFICATE

PART B

SAFETY FITNESS SURVEY

PART C

TARIFFS - SAMPLE FORMS

ADDITIONAL INFORMATION

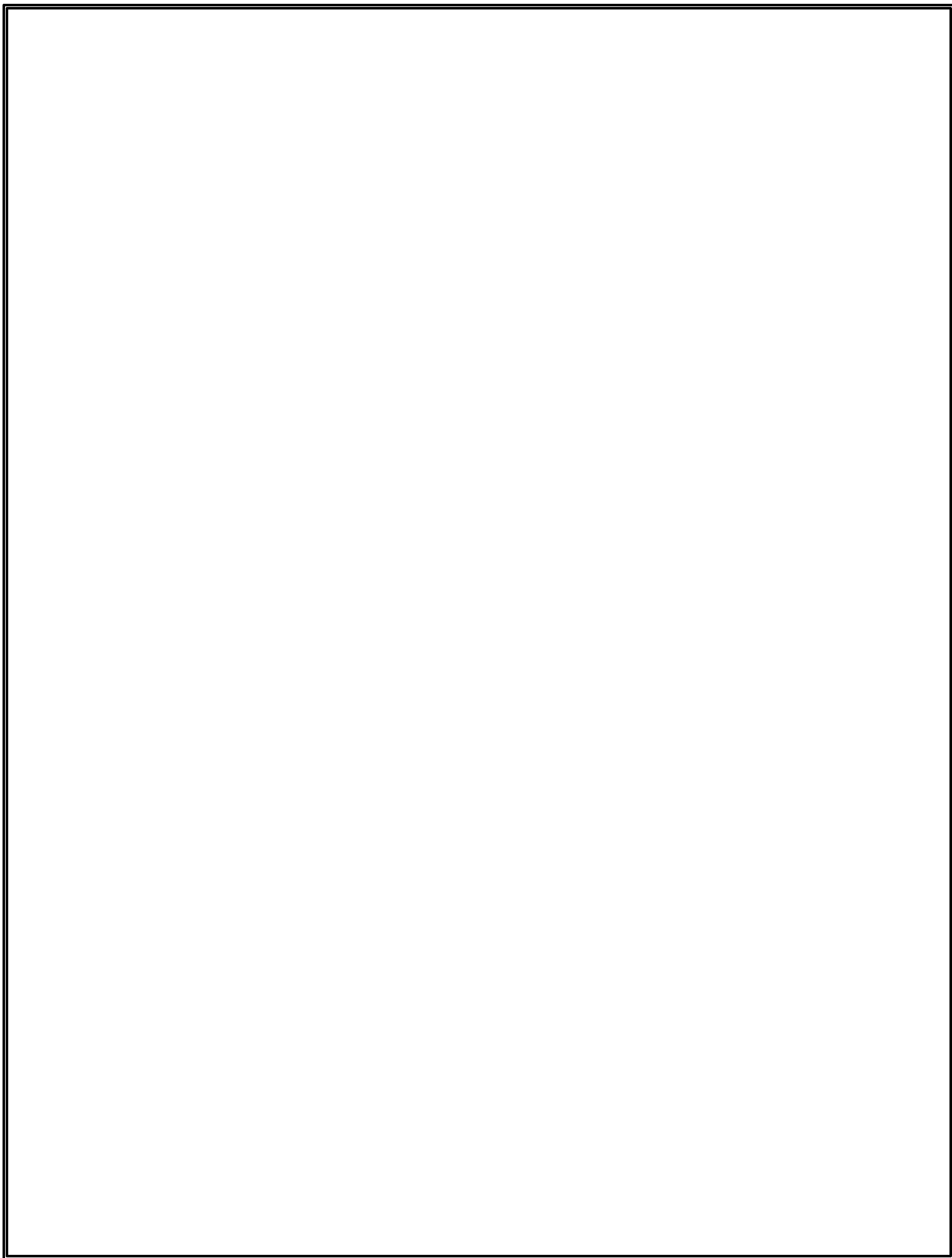
WAC 480-31 Rules Relating to Private Non-Profit Transportation Providers

Your Guide to Achieving a Satisfactory Safety Record

Private, nonprofit corporations providing transportation services for compensation solely to persons with special transportation needs must apply for and receive a certificate from the Washington Utilities and Transportation Commission.

“Persons with special transportation needs” means those persons, including their personal attendants, who because of physical or mental disability, income status, or age are unable to transport themselves or to purchase appropriate transportation.

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY



INSTRUCTIONS
APPLICATION FOR CERTIFICATE TO OPERATE AS A
Private Nonprofit Transportation Provider

Application Fee: \$50.00

INCOMPLETE OR INCORRECT APPLICATIONS MAY DELAY ISSUANCE OF YOUR CERTIFICATE. APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE APPLICATION FEE.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
Regulatory Services - Transportation Operations
PO Box 47250
Olympia, WA 98504-7250

Phone: (360) 753-3111 Fax (360) 586-1172

PART A - APPLICATION FOR CERTIFICATE

TYPE OF APPLICATION: Check the box for the type of application you are filing.

New Certificate - If you are applying for an original certificate.

Reinstate Certificate - If you are applying to reactivate a certificate which has been cancelled.

Transfer Certificate - If you are applying to transfer an existing certificate to a new corporation or your certificate to a new corporation or a new corporate name. See section regarding "Transfer of Certificate".

APPLICANT IDENTIFICATION: Applicant must be a valid nonprofit corporation registered with the Secretary of State. Be sure to attach a copy of your approved articles of incorporation and proof of your status as a registered private nonprofit corporation. List your Washington Unified Business Identifier (UBI). All corporations registered with the Secretary of State have been issued a UBI number. See list of other agencies and information if you have questions about UBI numbers or registering with the Secretary of State.

Applicant name, corporate name, and name on the insurance filing must match exactly.

Under "D/B/A" you may list other trade or business names, if different than the corporate name.

List a PHYSICAL address (location), if it is different from the mailing address.

List names and addresses of at least two principal officers involved in this corporation.

TRANSFER OF CERTIFICATE: IF you are transferring your certificate to a new corporation or you have changed your corporate name and need to transfer your certificate to the new name, you must complete this section. If this section is not complete, you will be assigned a new certificate number instead of having the existing certificate reissued.

INSURANCE REQUIREMENTS: Each applicant must check the appropriate box to indicate the level of insurance coverage required for their proposed operations. Applicants must file proof of liability and property damage insurance covering each vehicle used under the certificate. Proof of insurance shall be submitted on either a uniform motor carrier bodily injury property damage liability certificate

of insurance (FORM E), or a written binder. If a binder is submitted, it shall be effective for not longer than 60 days, during which time the carrier must file the required FORM E. THE NAME ON THE INSURANCE FILING MUST MATCH THE APPLICANT NAME EXACTLY.

Insurance Limits are: \$500,000 Combined Single Limit for vehicles with a passenger capacity of less than 16 passengers, including the driver

\$1,000,000 Combined Single Limit for vehicles with a passenger capacity of 16 or more passengers, including the driver

EQUIPMENT: List, or attach a list of, all vehicles that will be used to provide transportation services, for compensation, to persons with special transportation needs.

CONDITIONS - JUSTIFYING GRANT OF CERTIFICATE: Describe the service you will be providing if this certificate is granted. Include a description of the special transportation need that exists, and the form of compensation you will be receiving for providing this service. (i.e. grants, govt/private contracts, passenger fares etc.) If you will collect fares from passengers, then you will need to file a tariff which names those fares.

PART B - SAFETY FITNESS SURVEY

SAFETY FITNESS SURVEY: All applicants must complete the Safety Fitness Survey. Private Nonprofit Transportation Providers must comply with all of the applicable state and/or federal safety requirements for their operations. Those providers who operate vehicles with seating capacity of less than 16 passengers, including the driver, are not subject to the Commercial Driver's License or Controlled Substances and Alcohol Testing and Training provisions. Compliance staff will make arrangements to provide Technical Assistance if requested.

PART C - TARIFFS

Private Nonprofit Transportation Providers who receive their compensation through fares collected from their passengers must file a tariff which contains their passenger service rules and fares. Part C includes instructions and suggested forms for you to use if your operations are such that you will be required to file a tariff.

CONTACTS FOR ADDITIONAL ASSISTANCE

Motor Vehicle Licenses, Ride Share Plates	WA Dept of Licensing (360) 902-3800
Commercial Drivers Licenses	WA Dept of Licensing (360) 902-3859
Business License Center	WA Dept of Licensing (360) 753-4401
Grant Programs/Private Nonprofit Agencies (Barb Aufang)	WA Dept of Transportation (360) 705-7926
Corporations Division	Office of the Secretary of State (360) 753-7115

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Drive SW, P.O. Box 47250
Olympia, WA 98504-7250
Telephone (360) 753-3111 -- FAX (360) 586-1172

Private Nonprofit Transportation Provider

Application Fee: \$50.00

APPLICATION FOR CERTIFICATE

To provide transportation services for compensation solely to persons with special transportation needs

(For Commission Use Only)

Reception number:	Safety:	Application D #:
111 0268 231 02	Insurance:	Carrier ID:
Date Filed:	Tariff:	Employee:

TYPE OF APPLICATION (check one)

☒ New Certificate ☒ Reinstatement Certificate ☒ Transfer Certificate (New Owner or New Name)

APPLICANT IDENTIFICATION

Attach a copy of approved articles of Incorporation and proof of status as a registered non-profit corporation.

C#:	WA UNIFIED BUSINESS IDENTIFIER (UBI)#:
-----	--

APPLICANT:	PHONE #:
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TRADE NAME:	FAX #:
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box):

(city, state, zip):

PHYSICAL ADDRESS: (street address, if different)

PRINCIPAL OFFICERS (List names, titles, and addresses of two principal officers of the nonprofit corporation.)

TRANSFER OF CERTIFICATE

Complete this section if you are transferring an existing certificate to a new corporation, or if you are changing your corporate name. List current name of the certificate holder, and the certificate number to be transferred. If this section is not complete, you will be issued a new certificate number instead of having the existing certificate reissued.

NAME ON CERTIFICATE_____
CERTIFICATE NUMBER**INSURANCE REQUIREMENTS (must check one)**

(certificate will not be issued until acceptable insurance is received)

☒ The applicant will provide service only in vehicles with a seating capacity of less than 16 passengers, including the driver - \$500,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. You will not be subject to the motor carrier safety provisions relating to Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

☒ The applicant will provide service in vehicles with a seating capacity of 16 passengers or more, including the driver - \$1,000,000 in Public Liability and Property damage Insurance is required. Complete and submit the Safety Fitness Survey. You will be subject to all of the motor carrier safety provisions including Commercial Driver's License and Controlled Substance and Alcohol Training/Testing.

EQUIPMENT LIST (Attach additional list if necessary)

State & License Number	Year and Make of Vehicle	Seating Capacity	Vehicle Identification Number VIN #

CONDITIONS JUSTIFYING GRANT OF CERTIFICATE (Attach Additional Sheet if Necessary)

Please describe the transportation service you will provide to persons with special transportation needs if a Private Nonprofit Transportation Provider certificate is granted. Be sure to describe the special transportation needs that exist and the source of your "compensation". (i.e. Private or Government grants or contracts, passenger fares, etc.)

As applicant, I understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a certificate is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature_____
Title_____
Date

PART - B

SAFETY FITNESS SURVEY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing and Training (Part 382)

Name: _____ Position: _____

All persons who drive commercial vehicles designed for the transportation of more than 16 passengers, including the driver, must be involved in a Controlled Substance and Alcohol testing and training program. Merely having a physician conduct a drug test is not adequate. (See the definition of a commercial vehicle in the Commercial Driver's License Requirements Section of this form.) In the area provided below, all applicants for authority must:

- List the consortium that provides the required Controlled Substance and Alcohol testing, its address and telephone number; or
- Check the statement affirming that your company operates under a program that is in full compliance with FMCSR Part 382 and Part 40; or
- Check the statement affirming that you are required to be in compliance with the Federal Transit Administration Controlled Substance and Alcohol testing, requirements of Title 49 CFR Parts 653 & 654.
- Check the statement affirming that your company is not required to comply with FMCSR Part 382 & Part 40.

Put an X in the appropriate box below	
	We contract with the following consortium to provide the required program: Name: _____ Address: _____ Telephone Number, including area code: _____ Contact Person: _____
	We either maintain a program or are members of a program that meets all of the minimum requirements of Parts 382 & 40, Title 49 CFR.
	We are required to comply with Federal Transit Administration controlled substance and/or alcohol testing requirements of parts 653 and 654 of Title 49 CFR. (Federal Transit Administration)
	We do not operate vehicles which require us to meet the minimum requirements of Parts 382 & 40, Title 49 CFR.

Certificates will not be issued without this information.

Commercial Drivers License (CDL) Requirements (Part 383)

Name: _____ Position: _____

Any driver who operates a commercial vehicle which is designed to transport 16 or more passengers, including the driver,

must have a valid CDL.

Driver Qualification Requirements (Part 391)

Name: _____ Position: _____

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a motor vehicle. To determine what information is required, review FMCSR Part 391.51.

Drivers Hours of Service (Part 395)

Name: _____ Position: _____

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e)

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: _____ Position: _____

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 396.3(b)).

- Identification of the vehicle.
- A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic Inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier and passengers and I will comply with all the safety requirements which apply to my operations.

Signature Title Date

Please ask for technical assistance if you require information on any of these safety issues.

Technical Assistance

As part of the application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission are to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
	Controlled Substance and Alcohol training/testing (Part 382)
	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Parts and Accessories Necessary for Safe Operation (Part 393)
	Hours of Service requirements (Part 395)
	Inspection, Repair, and Maintenance (Part 396)

Contact person:_____

Day telephone number:_____

Evening telephone number:_____

PART - C

Tariffs

Only those Private Nonprofit Transportation Providers who collect passenger fares must file a tariff. This section contains information for filing a tariff and blank forms that you may use. Please ensure that your tariff is complete and accurately describes fares that will be charged by your proposed operation. Once approved, **YOU MAY NOT CHARGE HIGHER, LOWER OR DIFFERENT FARES THAN THOSE LISTED IN YOUR FILED TARIFF.**

Any future changes to your rules or fares must be approved by the Commission. The rules that govern tariffs are found in Tariff Circular No. 6 which available to you upon request.

Private nonprofit transportation provider tariffs must include the following:

1. Title page.
2. Passenger service rules.
3. Passenger fares.

All pages in a tariff must show:

1. **The company name** (must be listed exactly as shown on the company's certificate of authority).
2. **The tariff number.** Most companies begin with number 1. Each subsequently filed tariff cancels the previous tariff. (Tariff No. 2 cancels Tariff No. 1, etc.)
3. **The page number.** Note: Pages should be numbered sequentially. If this is your first tariff all pages will be shown as Original revisions. When making changes in the future you may submit a complete new tariff or you may file only those pages actually containing changes. If you elect to file a new tariff, all pages will again be original pages. If you elect to file pages only, first revised page cancels original page, second revised page cancels first revised page, and so on.
4. **The issue and effective dates.** The "issue date" is the date upon which the tariff is filed with the Commission. The "effective date" will be filled in by Commission staff when the certificate is issued. A copy of the approved tariff will be returned to the applicant.

TITLE PAGE:

In addition to the general information that must be on each tariff page, the title page contains:

Certificate number: The line for certificate number may be left blank if the tariff is being filed with an application for new certificate.

Issued by information: Complete the "Issued by" portion with the name of the company, address and telephone number. If this is your first tariff, complete the "issue date" with the date you are submitting the tariff to the commission. When your certificate is issued, the commission will complete the effective date portion and return an approved copy of your tariff to you.

PASSENGER SERVICE RULES

In addition to the general information required on all tariff pages, choose rules from the samples provided that are suitable for your company's operations, or draft rules of your own. List these rules on the pages identified as "passenger rules" pages.

PASSENGER FARE PAGES

In addition to the general information required on all tariff pages, fare pages must show fares that will be

charged between all points on the route to be served. If there are any special circumstances connected with the rates they should also be shown on the pages.

SAMPLE RULES FOR PASSENGER SERVICE

You may select rules from the list below that meet your operational needs, or you may elect to draft your own rules. *Note: you may not enforce any rule, nor charge any fare, that is not included in your filed tariff.* Enter selected rules on the appropriate "Passenger Rules" page.

Where blanks are left in the sample rules, the applicant is expected to fill in appropriate language.

Adult fares: Published fares are adult fares and apply to passengers who have reached or passed their _____ birthday.

Commuter fares: Commuter fare books, to be used with _____ days (months) of the date of sale, will be sold between and of the points listed for _____ percent of the price of a one-way fare.

Children's fares: Children under _____ years of age, when accompanied by an adult passenger, and not occupying a seat, will be carried free of charge. Children under _____ years of age, occupying seats, and children under age _____ will be charged _____ percent of the adult fare, adding sufficient cents to make the fare end in "0" or "5."

Round trip fares: Except as otherwise provided, round-trip fares will be _____ percent of the one-way fare, adding sufficient cents to make the fare end in "0" or "5."

Ticket limitation: One-way tickets will be good for _____ months from the date of sale. Round-trip tickets will be good for _____ months (years) from the date of sale.

Ticket redemption: Unused tickets or portions will be redeemed when presented by the owner as follows:

Round-trip within _____ weeks (months/years) of the date of sale.

One-way within _____ days (weeks/months) of the date of sale.

Unused portions of tickets will be redeemed by charging the regular fare for the portions used and refunding the balance of the purchase price. Commuter tickets will be redeemed by charging the cheapest fare applicable to the purchase price.

Objectionable passengers: This company reserves the right to refuse to transport persons under the influence of drugs or alcohol, or who are incapable of taking care of themselves, or whose conduct or behavior may be objectionable to other passengers. The carrier also reserves the right to refuse carriage of any materials that the carrier considers unsafe and not in the best interest of the passengers.

Animals: Generally dogs, cats and other live animals or birds will not be carried. Exception: Dogs travelling with sight or hearing-impaired passengers will be carried free of charge. The dogs will not be permitted to occupy a seat, but must lie or stand at the feet of the passenger.

or

Pets may be transported in pet carriers for the following fares:

Small carrier (____ inches by ____ inches) -- \$_____

Medium carrier (____ inches by ____ inches) -- \$____
Large carrier (____ inches by ____ inches) -- \$____

SAMPLE PASSENGER FARE SCHEDULE

Tariff No 1

Original Page No. 1

Company Name: Johnson Bus Company

FARE SCHEDULE

ADULT FARES IN DOLLARS AND CENTS PER PERSON
ONE-WAY EXCEPT AS OTHERWISE INDICATED

Between And	Spokane	Deer Park	Chewelah	Colville
Spokane	-----	\$3.50	\$8.50	\$10.50
Deer Park	\$3.50	-----	\$5.00	\$ 7.00
Chewelah	\$8.50	\$5.00	-----	\$ 3.50
Colville	\$10.50	\$7.00	\$3.50	-----

Note: Payment for fares by cash or credit card only. No personal checks will be processed.

Issue Date: July 16, 1995

Effective Date:

Issued By: Jim Smith, President, Johnson Bus Company

FOR OFFICAL USE ONLY

Effective _____ TC- _____ LSN _____

Order/Other _____ By _____

TARIFF NO. _____

Cancels

TARIFF NO. _____

of

Company Name: _____

Certificate Number: _____

For the transportation of passengers as a Private Nonprofit Transportation Provider

Issued by:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Issue Date:

Effective Date:

FOR OFFICAL USE ONLY

Effective _____ TC- _____ LSN _____

Order/Other _____ By _____

Tariff No _____ Revised Page No. _____

Company Name: _____

PASSENGER RULES

Issue Date: _____

Effective Date: _____

Issued By: _____

FOR OFFICAL USE ONLY

Effective _____ TC- _____ LSN _____

Order/Other _____ By _____

Tariff No. _____

_____ Revised Page No. _____

Company Name: _____

FARE SCHEDULE

Between

And

Issue Date: _____

Effective Date: _____

Issued By: _____

FOR OFFICAL USE ONLY

Effective _____ TC- _____ LSN _____

Order/Other _____ By _____